

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17082

State File No. 22-0
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7021 E 7th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 years 9 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Olvera

3. (b) If veteran, name war -- no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Mexican 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased July 17, 1940
(Month) (Day) (Year)

8. AGE: Years 2 Months 9 Days 27 If less than one day -- hr. -- min.

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation --

11. Industry or business --

12. Name Nick Olvera

13. Birthplace Mexico
(City, town, or county) (State or foreign country)

14. Maiden name Lupe Rodriguez

15. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Nick Olvera

(b) Address 7021 E 7th St. K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address K.C.Mo.

19. (a) 5-15-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 7021 E 7th St.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death 3 Degree Burns Entire Body.
Duration 18 1/2

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Inspection and Postmortem

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence May 14 1943
(c) Where did injury occur? Kansas City Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home

While at work No (Specify type of place) (e) Means of injury Fire

23. Signature M. M. Browne (M. D. or other) M.D.
Address 23rd McCoy Date signed 5/14/43

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John P. Smith

Licensed Embalmer No. *3625*

P. O. Address *K. E. No.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.